

**CLAIMS ONLY**

Application Number

101618834  
Applicant(s)

Filing Date

**Applicant(s)**

CLAIMS	<del>AS FILED</del>		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
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Total Indep	1					
Total Depend	1					
Total Claims	2					

May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						